

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5002AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLY FAMILY ADULT CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1013 STONEYPEAK AVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28276</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/17/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of D.</p> <p>Immediate Jeopardy was identified on 12/17/09 at 10:30 AM for TAG Y878 Administration of Medications. The the facility provided an acceptable plan for correction of the Immediate Jeopardy on 12/17/09.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2,</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/17/09, the facility failed to ensure 2 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2 and #4).  Findings include:  The file for Employee #2 failed to contain a second step TB test. The file for Employee #4 failed to contain a two step TB test.  This was a repeat deficiency from the 12/11/08 State Licensure survey.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105		

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Y 105	Continued From page 2  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/17/09, the facility failed to ensure 3 of 4 employees met background check requirements (Employee #2, #3 and #4).  Findings include:  The file for Employee #2 failed to document evidence of an FBI check. The file for Employee #3 failed to document evidence of a state and FBI check. The file for Employee #4 failed to document evidence of criminal history statement, fingerprints, FBI and state background check.  This was a repeat deficiency from the 12/11/08 State Licensure survey.  Severity: 2 Scope: 3	Y 105		
Y 411 SS=F	449.227(2) Accommodations for Residents  NAC 449.227 A residential facility with a resident who uses a wheelchair or walker shall: 2. Have ramps to accommodate access to areas used by residents.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 12/17/09, the facility failed to ensure 1 of 2 primary exits was equipped with a ramp.  Findings include:	Y 411		

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Y 411	Continued From page 3  The exit from the rear of the facility into the back yard failed to have a ramp. Interview with Employee #2 revealed she would tip the resident's wheel chairs back and lower them over the sliding door frame as there was not a ramp.  Severity: 2 Scope: 3	Y 411			
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/17/09, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually.  Severity: 1 Scope: 3	Y 435			
Y 621 SS=D	449.2702(4)(b) Admission Policy  NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.	Y 621			

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Y 621	Continued From page 4  This Regulation is not met as evidenced by: Surveyor: 28276 NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body.  Based on observation, interview and record review on 12/17/09, the facility failed to ensure 1 of 6 residents were not restrained with the use of full side bed rails (Resident #6).  Severity: 2 Scope: 1	Y 621			
Y 680 SS=G	449.271(1) Gastrostomy Care  NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 1. Requires gastrostomy care.  This Regulation is not met as evidenced by:	Y 680			

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Y 680	<p>Continued From page 5</p> <p>Surveyor: 28276 Based on record review and interview on 12/17/09, the administrator admitted a resident that required gastrostomy care (Resident #4).</p> <p>Findings Include:</p> <p>Resident #4 was admitted to the facility 9/25/09 with a medical history of Parkinson's Disease, a history of dysphagia with gastrostomy-tube (g-tube) and gastroesophageal reflux disease. The hospice nurse for Resident #4 stated she did not know a residential group care facility was not allowed to admit a resident requiring gastrostomy care. She stated the resident had a current order for flushing the g-tube with 30 milliliters (ml) of water three times a day, but would be changing the order to flush the g-tube with 30 ml of water once a day. She stated the resident was competent to flush the g-tube on his own. The resident had not used the g-tube since he was admitted to the facility and a recommendation was made to remove the g-tube, but the resident preferred to leave it in. The hospice nurse stated the resident did not want to go to a nursing home and would rather have the g-tube removed and stay in a residential group care facility. The hospice nurse provided an agreement stating Resident #4 was responsible for maintaining the g-tube, was aware of the scheduled flushing of water and the administration of boost if his appetite decreased. Resident #4 signed the document 1/19/10. The hospice nurse for Resident #4 stated she evaluated Resident #4 two to three times a week. During the routine visits she flushed the resident's g-tube, checked the area around the g-tube, checked the patency of the tube, and monitored the resident's competency to take care of his g-tube. Resident #4 stated he had a g-tube, the</p>	Y 680			

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Y 680	Continued From page 6  caregivers of the facility never helped with his g-tube, because the hospice nurses took care of the g-tube.  Interview with Employee #2 revealed the facility did not assist Resident #4 with his g-tube because Resident #4 either took care of it himself or was assisted by a hospice nurse.  Severity: 3 Scope: 1	Y 680		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage  2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;  This REQUIREMENT is not met as evidenced by: Surveyor: 28276 Based on observation on 12/17/09, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 1 of 4 resident rooms in which oxygen was being used (Resident #2's bedroom). Two unsecured oxygen tanks were found in the closet.  Severity: 2 Scope: 2	Y 698		
Y 878 SS=H	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 878		

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Y 878	<p>Continued From page 7</p> <p>physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 12/17/09, the facility failed to ensure 2 of 6 residents received medications as prescribed (Resident #2 and #5).</p> <p>Findings include:</p> <p>Resident #2: The resident was admitted to a rehabilitation center on 11/26/09 with a chief complaint of a fall and rhabdomyolysis. The past medical history for Resident #1 included hypertension, myocardial infarction, pacemaker, chronic obstructive pulmonary disease and hyperlipidemia. Resident #1 was discharged from the rehabilitation center and admitted to facility on 12/15/09. The following prescription list was in the resident's file from the rehabilitation center dated 12/14/09:</p> <p>* Prilosec 20 milligram (mg), one tablet twice a day at 8:00 AM and 8:00 PM * Lisinopril 5 mg, one tablet daily at 8:00 AM * Multivitamin one tablet every day * Folate 1 mg, tablet every day at 8:00 AM * Prilosec 20 mg, one tablet twice a day at 8:00 AM and 8:00 PM</p>	Y 878		

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Y 878	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>* Lovastatin 40 mg, one tablet every day at 6:00 PM</li> <li>* Doxycycline 100 mg, one tablet a day for five days</li> <li>* Lopressor 25 mg, one tablet by mouth at 8:00 AM and 8:00 PM</li> <li>* Lasix 40 mg, one tablet by mouth at 8:00 AM</li> </ul> <p>The following medications were missing and were not available for administration:</p> <ul style="list-style-type: none"> <li>* Lovastatin, Lisinopril, Multivitamin, Folate and Prilosec.</li> </ul> <p>Interview with Employee #4 revealed Resident #2 used the Veteran Administration Pharmacy. The Veteran Administration Pharmacy would not fill the prescriptions because the Veteran Administration physician had not seen the client since 2008. The facility made an appointment for Resident #2 with his physician for 1/12/09. Employee #4 stated the facility's contracted pharmacy would not fill the prescriptions because of an insurance issue.</p> <p>The file for Resident #2 contained an activities of daily living log. The caregiver documented taking the resident's blood pressure with an automatic blood pressure cuff. The resident's blood pressure on 12/15/09 measured 110/60 and his blood pressure on 12/16/09 measured 120/62.</p> <p>The surveyor informed the operator on 12/17/09 at 10:30 AM that the facility's failure to ensure Resident #1 had his prescribed medications was an Immediate Jeopardy situation.</p> <p>The facility contacted the daughter-in-law of Resident #1 and the decision was made to have the facility's pharmacy fill the resident's prescriptions and bill the family for the cost. A fax</p>	Y 878			

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Y 878	<p>Continued From page 9</p> <p>was sent to the Bureau on 12/17/09 at 2:26 PM documenting the delivery of the following medications:</p> <ul style="list-style-type: none"> <li>* Lisinopril 5 mg one tablet daily at 8:00 AM</li> <li>* Multivitamin one tablet every day</li> <li>* Folic Acid 1 mg tablet</li> <li>* Omeprazole 20 mg</li> <li>* Lovastatin 40 mg one tablet every day at 6:00 PM</li> <li>* Doxycycline 100 mg one tablet a day for five days</li> <li>* Lopressor (metoprolol) 25 mg one tablet twice a day</li> <li>* Furosemide (Lasix) 40 mg one tablet</li> </ul> <p>During an interview, Resident #2 stated he felt "ok," did not felt weak or dizzy since he moved into the facility. Resident #2 stated he was placed in rehabilitation center because he fell in his apartment. Resident #2 stated he did not know the cause of the fall but stated he had felt well since he moved into the group home.</p> <p>Because the facility failed to ensure Resident #2 had all of his medications on admission, the resident went without his Lovastatin, Lisinopril, Multivitamin, Folate and Prilosec for two days.</p> <p>Resident #5: The resident was prescribed Cephalexin 500 mg, one tablet every six hours for seven days, a total of 28 pills (an antibiotic used to treat bacterial infections) . The resident was to receive the medication at 8:00 AM, 2:00 PM, 8:00 PM and 2:00 AM, and began the medication on 12/3/09 at 2:00 PM. The facility failed to administer the 8:00 AM dose on 12/4/09 and the 2:00 AM dose for all seven days resulting in eight pills left in the container. Employee #4 stated the medication was administered incorrectly and he</p>	Y 878			

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Y 878	Continued From page 10  would check with the hospice nurse regarding their orders.  This is a repeat deficiency from the 12/11/08 State Licensure Survey.  Severity: 3 Scope: 2	Y 878		
Y 885 SS=E	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.          This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 5/19/09 the facility failed to destroy medications after they were discontinued or had expired (Resident #1 and #2).  This is a repeat deficiency from the 12/11/08 State Licensure Survey.  Severity: 2 Scope: 2	Y 885		

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Y 921 SS=F	<p>449.2748(2) Medication Storage</p> <p>NAC 449.2748</p> <p>2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/17/09, the facility failed to ensure that refrigerated medications belonging to 4 of 6 residents were secured in a locked box or a locked refrigerator (Resident #3, #4, #5 and #6).</p> <p>Severity: 2 Scope: 3</p>	Y 921		
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276</p>	Y 936		

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Y 936	<p>Continued From page 12</p> <p>Based on record review on 12/17/09, the facility failed to ensure 3 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #2 and #5) which affected all residents.</p> <p>Findings include:</p> <p>The file for Resident #1 documented a two step TB test in June 2008. The file documented the resident was injected 8/18/09, but the file failed to document the read date, results and signature.</p> <p>The file for Resident #2 failed to document evidence of a two step TB test.</p> <p>The file for Resident #5 failed to document an annual TB test with-in 365 days of a two step TB test.</p> <p>This was a repeat deficiency from the 12/11/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.